

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

**ATTENDED
AMENDMENT**

**AFTER 2ND
AMENDMENT**

IND

DEP

IND

DEP

IND

DEP

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CLAIMS

IND

DEP

IND

DEP

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DEP

IND

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS